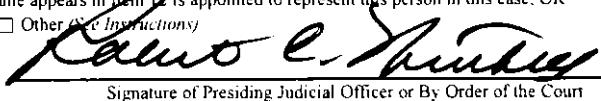


CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

1 CIR DIST DIV CODE 031502		2 PERSON REPRESENTED David Mais		VOUCHER NUMBER	
3 MAG DKT DEF NUMBER		4 DIST DKT DEF NUMBER Cr No. 00-54		5. APPEALS DKT DEF NUMBER	
6. OTHER DKT NUMBER		7 IN CASE MATTER OF (Case Name) USA vs David Mais		8 PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	
9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other		10. REPRESENTATION TYPE (See Instructions) cc		11 OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 21:846=CD.F; 21:841D=CD.F(a)(1) and 841(b)(1)(A)(iii); and 18:1956-3200.F(h)	
12 ATTORNEY'S NAME (First Name M.I. Last Name, including any suffix), AND MAILING ADDRESS John Knorr 1204 Frick Bldg. 437 Grant St. Pittsburgh PA 15219 Telephone Number 412-261-1186				13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's _____ Appointment Dates: _____ <input checked="" type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions) _____  Signature of Presiding Judicial Officer or By Order of the Court 6/20/06 6/20/06 Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO	
13 NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)					
CLAIM FOR SERVICES AND EXPENSES					
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH TECH ADJUSTED HOURS	MATH TECH ADJUSTED AMOUNT
15 In					
a Arraignment and or Plea					
b Bail and Detention Hearings					
c Motion Hearings					
d Trial					
e Sentencing Hearings					
f Revocation Hearings					
g Appeals Court					
h Other (Specify on additional sheets)					
(RATE PER HOUR = \$) TOTALS:					
16 Out of					
a Interviews and Conferences					
b Obtaining and reviewing records					
c Legal research and brief writing					
d Travel time					
e Investigative and other work (Specify on additional sheets)					
(RATE PER HOUR = \$) TOTALS:					
17 Travel Expenses (lodging, parking, meals, mileage, etc.)					
18 Other Expenses (other than expert transcripts, etc.)					
GRAND TOTALS (CLAIMED AND ADJUSTED):					
19 CERTIFICATION OF ATTORNEY PAYEE FOR THE PERIOD OF SERVICE TO: _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION
22 CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and or reimbursement for this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney _____ Date _____					
APPROVED FOR PAYMENT — COURT USE ONLY					
23 IN COURT COMP		24 OUT OF COURT COMP		25 TRAVEL EXPENSES	
26. OTHER EXPENSES		27. TOTAL AMT. APPR. CERT.			
28 SIGNATURE OF THE PRESIDING JUDICIAL OFFICER				28a JUDGE MAG. JUDGE CODE	
29 IN COURT COMP		30 OUT OF COURT COMP		31. TRAVEL EXPENSES	
32. OTHER EXPENSES		33. TOTAL AMT. APPROVED			
34 SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount				34a JUDGE CODE	